

New Hampshire

Data as of July 2003

Mental Health and Substance Abuse Services in Medicaid and SCHIP in New Hampshire

As of July 2003, 97,238 people were covered under New Hampshire's Medicaid/SCHIP programs. There were 91,261 enrolled in the Medicaid program, 159 enrolled in the Medicaid SCHIP expansion program, and 5818 enrolled in the separate SCHIP program. In state fiscal year 2002, New Hampshire spent about \$691 million to provide Medicaid services.

In New Hampshire, low-income children may be enrolled into the Medicaid program, a SCHIP Medicaid expansion program, or a separate SCHIP program based on the child's age and their family's income.

- The Medicaid program, called Healthy Kids, serves children from birth through age 18 in families with incomes up to 185% FPL.
- The SCHIP Medicaid expansion program, Healthy Kids Gold, serves infants to age 1 in families with income between 185% and 300% FPL. There is no cost sharing in this program.
- The Separate SCHIP program – Healthy Kids Silver -- serves uninsured children ages 1 through 18 in families with incomes between 185% FPL and 300% FPL. Families with children in this program must pay monthly premiums between \$25 and \$135 based on income level and family size.

All beneficiaries receive mental health and substance abuse services through the fee-for-service system. As of July 2003, about 13,407 Medicaid participants were enrolled into Managed Care Organizations (MCOs). A voluntary managed care program ended June 20, 2003.

All participants in the Separate SCHIP program are required to join an MCO that include mental health and substance abuse services in its benefit package.

Medicaid

Who is Eligible for Medicaid?

Families and Children

1. Low-income families who qualify for the New Hampshire Employment Program (NHEP).
2. Children under age 19 from families with incomes of 185% FPL or less.
3. Recipients under age 19 of adoption assistance and foster care under Title IV-E of the Social Security Act.

Aged, Blind, and Disabled

1. Individuals receiving SSI or New Hampshire's supplementary SSI payment who meet the State's more restrictive eligibility standards. New Hampshire uses more restrictive standards than SSI. To qualify the applicant must have a net income of \$560 if an adult/\$830 if a couple, resources of no more than \$1,500 and meet a disability definition that is stricter than that used for the federal SSI program.
2. All working individuals between the ages of 16 and 64 who meet the SSI definition of disability and have an income of 450% FPL or less. All members of this group must pay a premium that varies by income.
3. Persons who are residents of medical institutions for a period of 30 consecutive days and meet specific income, resource, and medical criteria.

Medically Needy

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Members of the following groups may qualify for Medicaid coverage as Medically Needy if they have sufficient medical expenses.

1. Pregnant women and newborn children
2. Children under age 18
3. Children under the age of 19, who public agencies are assuming full or partial financial responsibility and who are in a foster home or private institution or in adoptions subsidized full or in part by a public agency or those who are receiving active psychiatric treatment as inpatients.
4. Aged, Blind, and Disabled
5. Caretaker relatives

Waiver Populations

New Hampshire does not have an 1115 waiver.

What Mental Health/Substance Abuse Services are Covered by Medicaid?

Medicaid must cover some types of services (mandatory services) and may cover some other types of services (optional services). The information presented here identifies the types of service New Hampshire Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that New Hampshire must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

Mandatory State Plan Services

Inpatient Hospital Services		
Service	Description	Coverage Requirements
Inpatient Care	Mental health and substance abuse services delivered in a general acute care hospital.	<ul style="list-style-type: none">• All inpatient stays must be prior authorized by the Medicaid agency's designated agent.• The only substance abuse service that adults may receive is detoxification—and they may only receive that service from an acute hospital.

Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient Hospital Clinic	Outpatient hospital clinics may provide mental health services	<ul style="list-style-type: none">• Beneficiaries may receive up to 12 visits per fiscal year.• Mental health services provided in an outpatient hospital setting must meet the same coverage requirements as those provided in other settings.
Federally Qualified Health Centers (FQHCs) and Rural Health Centers (RHCs)	RHCs and FQHCs may provide the same mental health services as any other provider, as long as the personnel providing the services meet the same qualifications as other providers.	<ul style="list-style-type: none">• Mental health services provided by an FQHC or RHC must meet the same requirements as those provided in another setting.

Physician Services		
Service	Description	Coverage Requirements
Physician Services	Physicians may provide mental health services. Services include <ul style="list-style-type: none">• psychiatric evaluation and diagnosis,• individual, family, or group psychotherapy,• electro-shock treatment,	Beneficiaries may receive no more than 18 physician visits per year without prior authorization from the Medicaid agency. (Psychotherapy visits from a psychiatrist count toward this limit.)

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	<ul style="list-style-type: none"> psychometric testing and collateral contacts. 	
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Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21

Service	Description	Coverage Requirements
Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Mental Health Services	<p>Under EPSDT a beneficiary may receive:</p> <ul style="list-style-type: none"> Services in amounts greater than that otherwise covered under Medicaid Services that can be covered under Federal Medicaid law but that New Hampshire has chosen not to otherwise cover. 	<ul style="list-style-type: none"> To qualify for services a beneficiary must be under age 21 The service must be needed to treat or ameliorate a condition identified in an EPSDT screen. All services beyond those otherwise covered by New Hampshire Medicaid may only be delivered after prior authorization from the Medicaid agency.

Optional State Plan Services

Other Licensed Practitioners

Service	Description	Coverage Requirements
Psychologist	Evaluation, diagnostic and treatment services of an independent psychologist.	<ul style="list-style-type: none"> A beneficiary may only receive a combined total of 12 psychotherapy sessions per year from any provider. Medicaid will not pay for services provided by or through a community mental health center.

Inpatient Psychiatric Services (for persons under the age of 22)

Service	Description	Coverage Requirements
Inpatient psychiatric facility services for individuals under 22 years of age	Evaluation, diagnostic and treatment services provided in a psychiatric hospital or psychiatric ward of an acute general hospital.	<ul style="list-style-type: none"> Beneficiary must be under age 21 at admission These services are only covered as EPSDT services. All admissions must be prior authorized by the Medicaid agency.

Rehabilitative Services

Service	Description	Coverage Requirements
Community Mental Health Services	Evaluation, diagnostic and treatment services provided in a community mental health setting.	<ul style="list-style-type: none"> Services up to \$1,800 in Medicaid reimbursement per year. Limit is \$12,000 per year for people with developmental disabilities or service mental illness.. Beneficiaries that receive services from an out-of-state provider must receive prior authorization for reimbursement. Substance Abuse services not covered.
Therapeutic foster care	Services include client centered family mental health counseling, individual counseling, crisis intervention and stabilization and medical care coordination.	<ul style="list-style-type: none"> Services must be prior authorized. No specific service limits
Intensive Day Therapy	Intensive Day Therapy is a package of services including case management, occupational therapy, physical therapy, speech therapy and nursing services.	<ul style="list-style-type: none"> Services must be prior authorized. Services authorized for two-month periods with a limit of six months total. Services must be provided for a minimum of four hours, five days a week.
Intensive Day	Based on a clinical assessment,	<ul style="list-style-type: none"> Services must be prior authorized.

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Programming	each child receives an individually designed program of individual, group, and/or family system therapy, and counseling.	<ul style="list-style-type: none"> No specific service limit.
Crisis Intervention	Services include therapeutic and intensive counseling	<ul style="list-style-type: none"> Services must be prior authorized. Services limited to a six-week period without regard to the 12-visit/year limit. Crisis intervention is available to the patient 24 hours per day, seven days per week.
Home Based Therapy Services	Services include psychotherapy and mental health counseling and therapy.	<ul style="list-style-type: none"> Services must be prior authorized. No specific service limit
Psychotherapy services	Mental health psychotherapy services.	<ul style="list-style-type: none"> Beneficiaries may receive services that are provided by a qualified provider, who is not on the staff of a community mental health center. Service limited to 12 visits per year--such visits are counted toward the 12 visit psychotherapy cap for all non-physician practitioners. Beneficiaries' services must follow a treatment plan prescribed by a licensed practitioner who is licensed to provide psychotherapy services.

Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management for the Mentally Disabled	<p>Services to help qualified beneficiaries access needed care, including</p> <ul style="list-style-type: none"> crisis intervention monitoring, coordination of assessment and certification of eligibility for mental health services, development of an individual service plan and service mobilization, oversight of services, periodic review of service plan, monitoring, linkage, and advocacy. 	To qualify for services a beneficiary must be severely mentally disabled in need of long-term mental health services, in need of case management as determined by the individual service plan, and not able to care for him/herself or function normally in society.

SCHIP Medicaid Expansion Program

Who is Eligible for the SCHIP Medicaid Expansion Program?

New Hampshire's SCHIP Medicaid expansion program serves infants under 1 with family income greater than 185% FPL but no more than 300% FPL.

What Mental Health/Substance Abuse Services are Covered by the SCHIP Medicaid Expansion Program?

Mental health and substance abuse coverage in the Medicaid expansion SCHIP program is identical to that of the Medicaid program (described in the previous section).

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Separate SCHIP Program

Who is Eligible for the Separate SCHIP Program?

The Separate SCHIP program serves uninsured children ages 1 through 18 in families with incomes between 185% FPL and 300% FPL. Families with children in this program must pay monthly premiums between \$25 and \$135 based on income level and family size.

What Mental Health/Substance Abuse Services are Covered by the Separate SCHIP Program?

Benefits in Separate SCHIP programs must be actuarially equivalent to a benchmark selected by the State, among federally established options. The New Hampshire benchmark is the Federal Employees Health Benefit Program. Services are delivered under contract with the New Hampshire Health Kids Corporation health plan. In addition to what is below, there is no case management service coverage.

Inpatient		
Service	Description	Coverage Requirements
Mental Health	Includes mental health services provided in psychiatric or general hospital	Limit of 15 days per calendar year.
Substance Abuse	Inpatient substance abuse services	Limited to inpatient days for medical detoxification. No benefits available for partial hospitalization (day/evening programs).

Outpatient (Office Visits)		
Service	Description	Coverage Requirements
Mental Health and Substance Abuse Services	Outpatient mental health and substance abuse services.	Limit total of 20 visits per calendar year regardless of whether substance abuse or mental health services are used.